

P06000/00886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

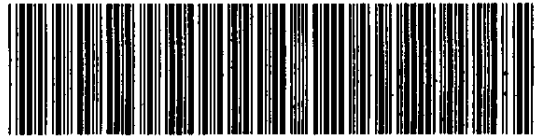
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/20/10--01020--004 **35.00

FILED
10 AUG 13 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REACH
D.G.
8/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2010 AUG 13 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 14, 2010

H & H AVIATION
53 ARLINGTON ROAD N
JACKSONVILLE, FL 32211

SUBJECT: H&H AVIATION, INC.
Ref. Number: P06000100886

We have received your document for H&H AVIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 010A00014597

Karen,
Remember this one? You have
the \$35.00 & are just waiting on this
form!
Thank you!
Jill Haskell
904-721-1900



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2010

JILL HASKELL
H & H AVIATION, INC.
53 ARLINGTON RD N
JACKSONVILLE, FL 32211

SUBJECT: H&H AVIATION, INC.
Ref. Number: P06000100886

We have received your document for H&H AVIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2008 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or a current corporate annual report/uniform business report form and the appropriate fees.

The changes reflected in your document can be made on the reinstatement application. You can deduct the fee previously submitted from the reinstatement fee due.

The total amount due to reinstate is \$1015.00.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 610A00012866

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: H & H Aviation Inc.
2. The principal office address: 53 Arlington Rd N. Jax, FL 32211
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/2/06 Document number: P06000100886

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Ludwig & Associates, P.A.
5150 Belfort Rd. S. #500
Jacksonville, FL 32256


6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Jill Haskell
53 Arlington Rd. N.
Jacksonville, FL 32211

P.O. Box NOT acceptable


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Lyman E. Haskell, PST
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

5-19-10
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FILED
10 AUG 13 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA